

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		1		1			55						
6		1		1			56						
7		2		1			57						
8		2		1			58						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>		1	1				<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>		7					<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>		8					<b>TOTAL CLAIMS</b>						

PTO-1360 (3-76)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
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